



National
Premium Budget Plan

National Premium Budget Plan Corporation
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“AGENTPAY” AGREEMENT

Agent/Broker identified below desires to take possession of Insured/Borrower loan payments and forward such payments to NATIONAL PREMIUM BUDGET CORPORATION (“NATIONAL”) from its agency banking account (per attached voided check) through NATIONAL’s web site on an ongoing basis. By signing below, agent represents and acknowledges: (i) that agent has been authorized to make a payment to NATIONAL on or to the account of the designated borrower; (ii) that the financial/account information that agent is providing in connection with the payment to be submitted is true and correct, and agent has accurately identified the account to be credited and the proper amount of the payment; (iii) that NATIONAL is entitled to use and rely on the information provided; and (iv) that agent agrees to indemnify and hold NATIONAL harmless for any causes of claims, demands, suits, damages or causes of action arising out of or in any way relating to the disclosure, possession, processing or use of agent and/or borrower’s financial account information provided in connection with this payment.

AGREED:

Agency/Brokerage Name _____

Signature: _____ Title: _____
Authorized Signature

Printed Name: _____ Date: _____

E-mail Address (required): _____

**PLEASE COMPLETE THIS FORM AND FAX TO 888-413-8898
(or scan and e-mail to us at: office@npbplan.com)
WITH A VOIDED CHECK THAT CONTAINS THE CORRECT
BANK INFORMATION YOU WILL BE USING TO PAY US.**